

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>8-1-00</i>
O.I.P.E. CLASSIFIER	<i>R.D.</i>		<i>8/4/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>5622</i>	<i>9-28-00</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	10-28-02
2	✓	✓	3-11-03
3	✓	✓	7-24-03
4	✓	✓	11-18-03
5	✓	✓	11-18-03
6	✓	✓	11-18-03
7	✓	✓	11-18-03
8	✓	✓	11-18-03
9	✓	✓	11-18-03
10	✓	✓	11-18-03
11	✓	✓	11-18-03
12	✓	✓	11-18-03
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48	✓	✓	11-18-03
49	✓	✓	11-18-03
50	✓	✓	11-18-03

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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